

Joint Meeting of the
IOWA MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
and the
MENTAL HEALTH PLANNING AND ADVISORY COUNCIL

October 15, 2020 12:30 pm to 3:00 pm
Zoom

MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Betsy Akin	Maria Sorensen
Cory Turner	Richard Whitaker
Diane Brecht	Russell Wood
Janee Harvey	Timothy Perkins
John Parmeter	Senator Pam Jochum
Lorrie Young	

MHDS COMMISSION MEMBERS ABSENT:

Teresa Daubitz	Shari O'Bannon
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MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT:

Brad Richardson	Kristin Rooff
Brook Whitney	Kyra Hawley
Dawn Kekstadt	Matthea Little Smith
Donna Richard-Langer	Michael Kaufmann
Earl Kelly	Michelle Tilotta
Jacquie Easley McGhee	Teresa Bomhoff
Jennifer Robbins	Todd Lange
Jim Cornick	Vienna Hoang
Jim Donoghue	

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT:

Anna Killpack	James Rixner
Dennis Sharp	Julie Kalambokidis
Gary Keller	Kathleen Goines
Hannah Olson	Rachel Cecil
Heather Thomas	Theresa Henderson

OTHER ATTENDEES:

Amy Campbell	Karen Hyatt
Chaney Yeast	Katie Peck
DeAnn Decker	Kris Bell
Deanna Triplett	Libby Reekers
Flora Schmidt	Linda Kellen
Jamie Nowlin	Megan Hartwig
Jason Vermeer	Sandi Hurtado-Peters
Jason Orent	Stacie Maass
Jeff Kerber	Todd Noack
John Hedgecoth	Torie Keith
Julie Jetter	Victoria Daniels

Welcome and Member Introductions

MHDS Commission Chair John Parmeter and Mental Health Planning Council Chair Teresa Bomhoff called the meeting to order at 12:32 pm. John Parmeter led introductions of the MHDS Commission. Teresa Bomhoff led introductions of the Mental Health Planning Council.

Collaboration of Mental Health and Substance Use Disorder Services

Theresa Armstrong, Bureau Chief of Division of Mental Health and Disability Services Community Services and Jeff Kerber, Director of Iowa Department of Public Health Division of Behavioral Health discussed the collaboration of mental health and substance use disorder services. Still in the very early stages of development, excited to align services to enhance delivery to make working with families more efficient. This alignment will also advance data collections as well as expand and optimize existing programs such as Your Life Iowa. At this time, looking at joint block grant application. Wanting to hear from constituents and stakeholders. Looking forward to a Request for Proposals (RFP) to be posted for a facilitator to review current processes and identify most efficient process to align services.

MHDS Updates

Theresa Armstrong provided an update on MHDS activities. Theresa reported Wendy DePhillips has been hired to replace Julie Maas to provide staff support and Jan Heikes will be retiring in January 2021. Theresa stated COVID Recovery Iowa continues to provide services through the state with over 100 personnel providing services and have made 215,000 contacts since the end of May.

Theresa discussed Certified Community Behavioral Health Clinics (CCBHC) reviewing that CCBHCs started with a CMS and SAMSHA demonstration grants. Iowa received a planning grant but not a demonstration grant. There are currently 8 CCBHCs in the state that provide specific services that require unique collaboration with other service providers. Theresa stated the Department and the CCBHCs are eager to work together and learn from each other to continue enhancing services. All are currently increasing peer support services as well as some looking at increasing crisis services.

There was a continued discussion on value-based contracts.

Discussion of Legislative Recommendations for 2020

John Parmeter reviewed the legislative priorities of the Commission which includes the following:

1. Aligning with the Certified Community Behavioral Health Clinic (CCBHC) model, expand the availability, knowledge, skills, competitive compensation and benefits of professionals, paraprofessionals and direct support workers by implementing incentive programs to train, recruit and retain these professionals including but not limited to loan forgiveness programs and opportunities for fellowships.
2. Create a uniform, stable and adequate funding system for MHDS Regions to provide services for individuals with behavioral health, mental health, intellectual/developmental disabilities and brain injuries.
3. Develop an integrated service system for children with serious emotional disturbances, intellectual/developmental disabilities and brain injuries to be coupled with the Children's Behavioral Health System that aligns with Family First Legislation and be evidence-based.

4. Create and maintain a data infrastructure that facilitates ongoing evaluation of the implementation of evidence-based, evidence supported and promising practices through adequate funding of such infrastructure.

Teresa Bomhoff reviewed the legislative priorities of the Mental Health Planning Council which includes the following:

1. Pursuit of Health Equity – addressing systematic racism; correcting lack of parity between care and behavioral health care; reliable, sustainable and adequate funding for both the adult and children’s behavioral health systems; cancel HF 691 provisions regarding excess funds at the regional level. Allow the excess funds to be kept for use by individuals and families who’ve lost health insurance coverage in the pandemic and derecho; rural broadband expansion to make possible access to services in the rural area of the state; rural EMS funding and workforce – we want someone to respond when 911 is called; new provider network rules so the provider networks accurately reflect what the provider situation is in Iowa
2. Addressing workforce concerns – recruit and retain professionals; increase reimbursement; loan forgiveness programs for all levels of mental health specialists; state credentialing center to remove the costly and time-consuming process of each provider having to credential multiple times with each insurance company; increase the use and funding for peer support and services delivered by peer run organizations – extend core service designation to peer run self-help centers; provide a “more than” competitive wage for direct care workers along with benefits; special outreach to minorities
3. Extending changes that have occurred because of the pandemic – telehealth parity; includes audio only counseling; technology to participate; wave co-pays and premiums; adding home delivered meals and homemaker services; allowing family members to provide direct services
4. Move to a public health/behavioral health/substance abuse agency so integrated care is given and the whole person can be treated from birth to old age.

Public Comment

None

Adjourn

The meeting adjourned at 2:40 pm.

Minutes respectfully submitted by Victoria Keith.